GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:4182
ANSWERED ON:23.04.2008
USAGE OF CONTRACEPTIVES
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the position of India in the world amongst countries using contraceptive measures;

(b) the State-wise percentage of contraceptive usage in the country; and

(c) the details of measures taken to enhance the publicity and usage of the same?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a) to (c) A Statement showing the position of India in the world amongst selected countries using contraceptive measures as collected from International Institute Population Science(IIPS), Mumbai is enclosed at Annexure-I.

The State-wise percentage of contraceptive usage in the country as per the National Family Health Survey (2005-06) is enclosed at Annexure-II.

The Government of India (GOI) is committed to client centred, quality oriented, demand driven approach to family planning. The following steps have been taken by GOI to address the concern of the providers and acceptors alike −

(i) National Family Planning (FP) Insurance Scheme: The Family Planning [Indemnity] Insurance Scheme was launched w.e.f 29.11.2005 which provides insurance cover to all persons undergoing sterilization operation in public/accredited private health facilities against death, failure of sterilization and medical complications.

(ii) The revision of Compensation package: The compensation package was enhanced from 7th September 2007. In the current revision the rates for Vasectomy have been increased from existing Rs.800/- to Rs.1500/-(Rs.1100 is for acceptor) for all categories of acceptors in all states and for Tubectomy from Rs.800/- to Rs.1000/-(Rs 600 is for acceptor) to all categories in High focus and Below Poverty Line /Scheduled Caste/ Scheduled Tribe population in Non-High focus states in public health facilities. However, for Above Poverty Line categories in Non-High Focus state a package of Rs.650/- (Rs.250 for acceptor) has been provided for tubectomy only in public health facilities.

(iv) Increasing Acceptance of No Scalpel Vasectomy

(v) Promoting IUD 380A intensively as a spacing method because of its longevity of 10 years and advantages over other IUDs

(v) Increasing skills of IUD providers

(vi) Fixed day Family Planning Services

(vii) Increasing the thrust on FP performance through up-gradation of Community Health Centres (CHCs) to First Referral Units (FRUs), Primary Health Centres (PHCs) to 24 X 7 PHCs, and, Sub Centres to Indian Public Health Standards (IPHS) and strengthening of these facilities in terms of infrastructure and manpower so as to increase access and availability of FP services at all levels of service.

It is expected that the above measures will address the issue of increasing provider base as well as compensate potential clients.